

INSTRUCTIONS FOR APPLYING FOR A PERIODONTIC SPECIALTY LICENSE

Your specialty application must be accompanied by a check in the amount of \$60.00 payable to the Kentucky Board of Dentistry. The completed application and fee must be on file and your case histories must be received in the Board office at least thirty (30) days prior to the examination date or you will not be eligible to take the examination.

The specialty examination is administered at the Kentucky Board of Dentistry, 312 Whittington Pkwy, Suite 101, Louisville KY 40222. You should report at _____. The next examination will be administered on _____.

QUALIFICATIONS FOR APPLYING FOR SPECIALITY LICENSURE

1. You must possess satisfactory moral and ethical standing in the dental profession.
2. You must be currently licensed to practice dentistry in the Commonwealth of Kentucky.
3. Once you obtain your specialty license, you must limit your practice to that particular specialty.
4. You must submit satisfactory evidence to the Board that you have completed a period of not less than two (2) years study in graduate or post graduate courses after graduation from an accredited dental school.
5. You must meet the minimum requirements for membership in the respective American specialty organizations recognized by the American Dental Association.

REQUIREMENTS FOR PERIODONTIC CASE REPORTS:

Each applicant shall submit five (5) original case histories as follows:

1. One (1) case that has been completely handled by curettage.
2. Three (3) cases that required surgical procedures including osseous and mucogingival surgery
3. One (1) case involving an emergency condition initially, such as a periodontal abscess or a necrotizing ulcerative gingivitis.

The case report shall be typewritten on 8 1/2 X 11 inch white bond paper; double-spaced and typed on one side only. Each case report shall be placed on a square cut file folder approximately 9 1/2 X 11 1/2 inches. Attach the sheets of each report to the inside of the back cover of the file folder at the top left or at both top corners. Each report should be well documented with radiographs and slides. Each case must include:

1. Applicant's personal deductions, comments and conclusions.
2. Dated pre-operative and post-operative radiographs clearly identified either by patient name or case number; right and left marked on the mounts.
3. Treatment record must be provided on a suitable chart, including pre-treatment and post-treatment, with dates such information was recorded, in a concise and legible manner.

WRITTEN AND ORAL EXAMINATIONS

The written and oral examinations will cover bacteriology, pharmacology, dental anatomy, and oral diagnosis.

**FOR FURTHER INFORMATION PLEASE CONTACT:
KENTUCKY BOARD OF DENTISTRY
312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KENTUCKY 40222**